



Medicaid and Public Health Community of Practice

Jointly supported by the Centers for Disease Control and Prevention and the Office of the National Coordinator for Health IT

February 24, 2017



- The slides will be available after the webinar.
- Please submit questions during the presentation via the chat function.
- In addition, at the end of the presentation, we will provide an opportunity for participants to raise their hands to ask questions during the Q&A.

Copy Meaningful Use Website

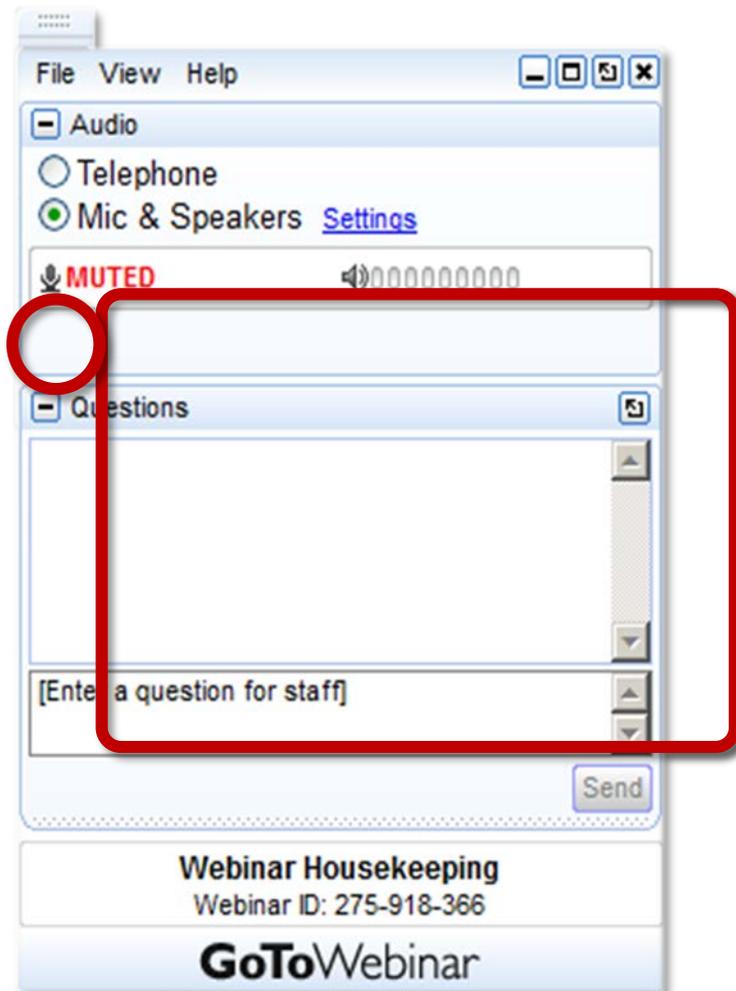
- <http://www.cdc.gov/ehrmeaningfuluse/cop.html>

The screenshot shows a web browser window displaying the CDC Meaningful Use Community of Practice (CoP) website. The address bar shows the URL <http://www.cdc.gov/ehrmeaningfuluse/cop.html>. The page has a navigation menu on the left with items like Introduction, Calendar, Connect with Others, CDC Meaningful Use ListServ, Meaningful Use Community, Public Health - EHR Vendors Collaboration Initiative, Joint Public Health Forum & CDC Nationwide, Meaningful Use (MU) Public Health (PH) Reporting Requirements Task Force, Community of Practice (CoP), ELR Task Force, Jurisdiction Meaningful Use Websites, S & I Framework, Reportable Conditions Knowledge Management System, External Links, Frequently Asked Questions, Public Health Options, and Resources. The main content area features a header with a word cloud containing terms like 'EHR', 'incentive', 'payments', 'hospitals', 'eligible', 'Medicaid', 'Medicare', 'rule', 'section', 'measures', 'clinical', 'year', 'EPs', 'annual', 'ruffed', 'maternal', 'sporting', 'quality', 'hospital', 'program', 'incentive', 'payments', 'hospitals', 'eligible', 'Medicaid', 'Medicare', 'rule', 'section', 'measures', 'clinical', 'year', 'EPs', 'annual', 'ruffed', 'maternal', 'sporting', 'quality', 'hospital'. Below the header is the title 'Meaningful Use' and a breadcrumb trail: 'CDC > Meaningful Use > Connect with Others > Meaningful Use Community'. The main heading is 'Community of Practice (CoP)' with social media icons for Facebook, Twitter, and a plus sign. The text describes the CoP's purpose: 'The Office of the National Coordinator for Health Information Technology (ONC), in collaboration with Centers for Disease Control & Prevention (CDC) have revived the Community of Practice (CoP) focused on leveraging Federal financial participation (FFP), including the 90 percent FFP State administrative match (a.k.a. 90/10) for Medicaid Health Information Technology (HIT) activities. The proposed participants in this CoP will include representatives from public health agencies (e.g., MU Coordinators, HIT Coordinators), state Medicaid offices and national public health associations. This CoP will provide a collaborative forum for public health agencies (PHAs) to:'. A bulleted list follows: 'Identify common barriers and challenges to obtaining FFP for public health related HIT activities', 'Share successful models and approaches used to obtain FFP', 'Establish best practices to identify and coordinate intra-agency initiatives and projects that may qualify for funding', 'Develop guidance for HIT Implementation Advance Planning Documents (IAPD)', 'Identify key aspects for successful communications and planning with State Medicaid agencies', and 'Share the latest updates and opportunities for PHAs'. Below this is a paragraph: 'This CoP will meet using the GoToWebinar tool on a bi-weekly basis starting August 12, 2016. Pre-registration is required to join these meetings.' The next section is 'Webinar Information' with a bulleted list: 'GoToWebinar will now be used for these webinars and pre-registration for this event is required. Please follow the registration instructions listed below to receive instructions on how to join this webinar.', 'Your registration will be valid for the all of the currently scheduled monthly meetings.', 'The instructions you receive will include a link to add these recurring meetings to your calendar.', and 'You are advised to test your GoToWebinar connectivity prior to the meeting by following the instructions provided below.' The final section is 'Webinar Registration Instructions'.

How to submit or ask questions for the panel members?

Submit or Ask Questions

- Submit your text question and comments using the Question Panel
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Agenda

- Introductions/Announcements
- Leveraging 90/10 Medicaid Funding: Utah Department of Health
 - » Wu Xu, Utah Department of Health
 - » Jeff Duncan, Utah Department of Health
- Discussion/Q&A
- Proposed Next Steps



Medicaid 90/10 Match Funds for Developing Master Person Index in Utah

Wu Xu, Ph.D.

Director, Center for Health Data and Informatics (CHDI), State HIT Coordinator

Jeff Duncan, Ph.D.

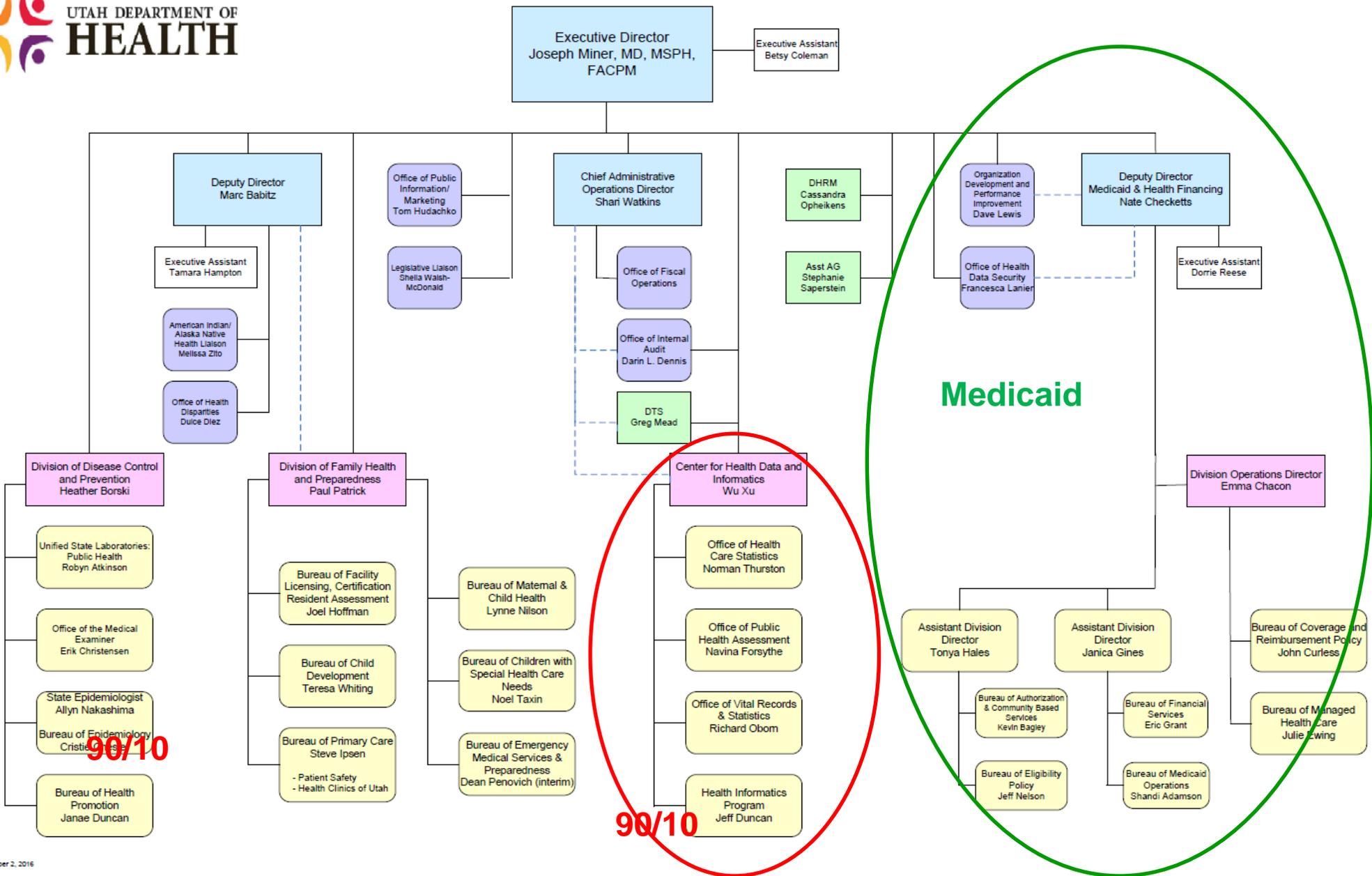
Health Informatics Program Manager, NAPHSIS Representative at JPHIT

ONC-sponsored Community of Practice of Medicaid and Public Health Collaboration

Webinar on February 24, 2017

Outline

- Organizational Support
- Public health data or information systems that were funded with Medicaid, especially 90/10 funds
- Process to receive these funds
- Challenges and future outlook



90/10

90/10

Medicaid

Organizational Support

- Medicaid is a division in Utah Department of Health (UDOH)
- Utah Medicaid Director is also one of the two Deputy Directors for UDOH
- UDOH Strategic Goals are
 - Healthiest People *[including Medicaid population]*
 - Optimize Medicaid *[with public health's support]*
 - A Great Organization

Existing 90/10 Funded Public Health Projects

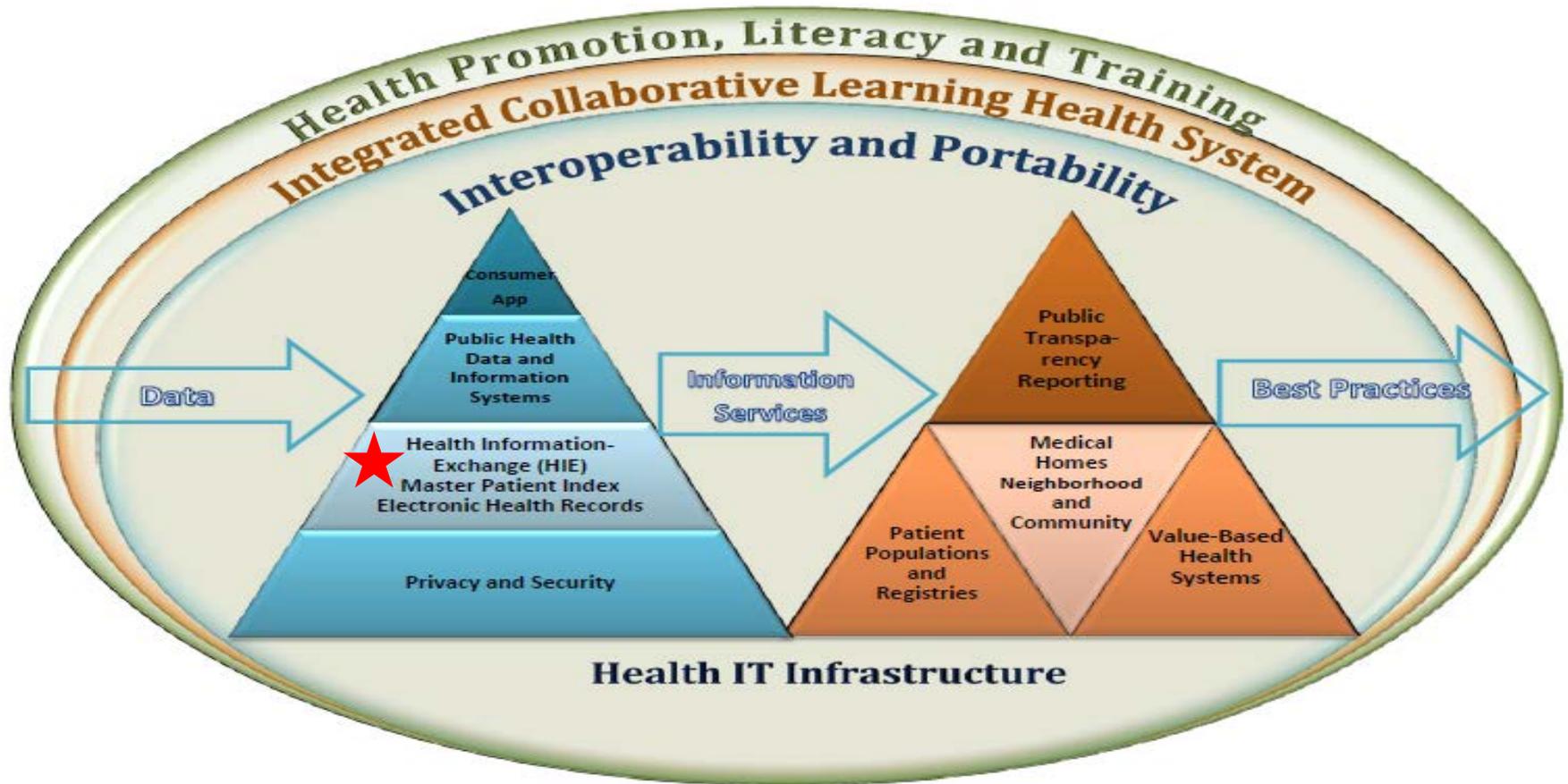
- Immunization reporting
- Syndromic surveillance reporting
- Electronic Lab Reporting
- Department of Health Master Person Index (DOHMPI)

Other Medicaid Funded Data and HIE Operation

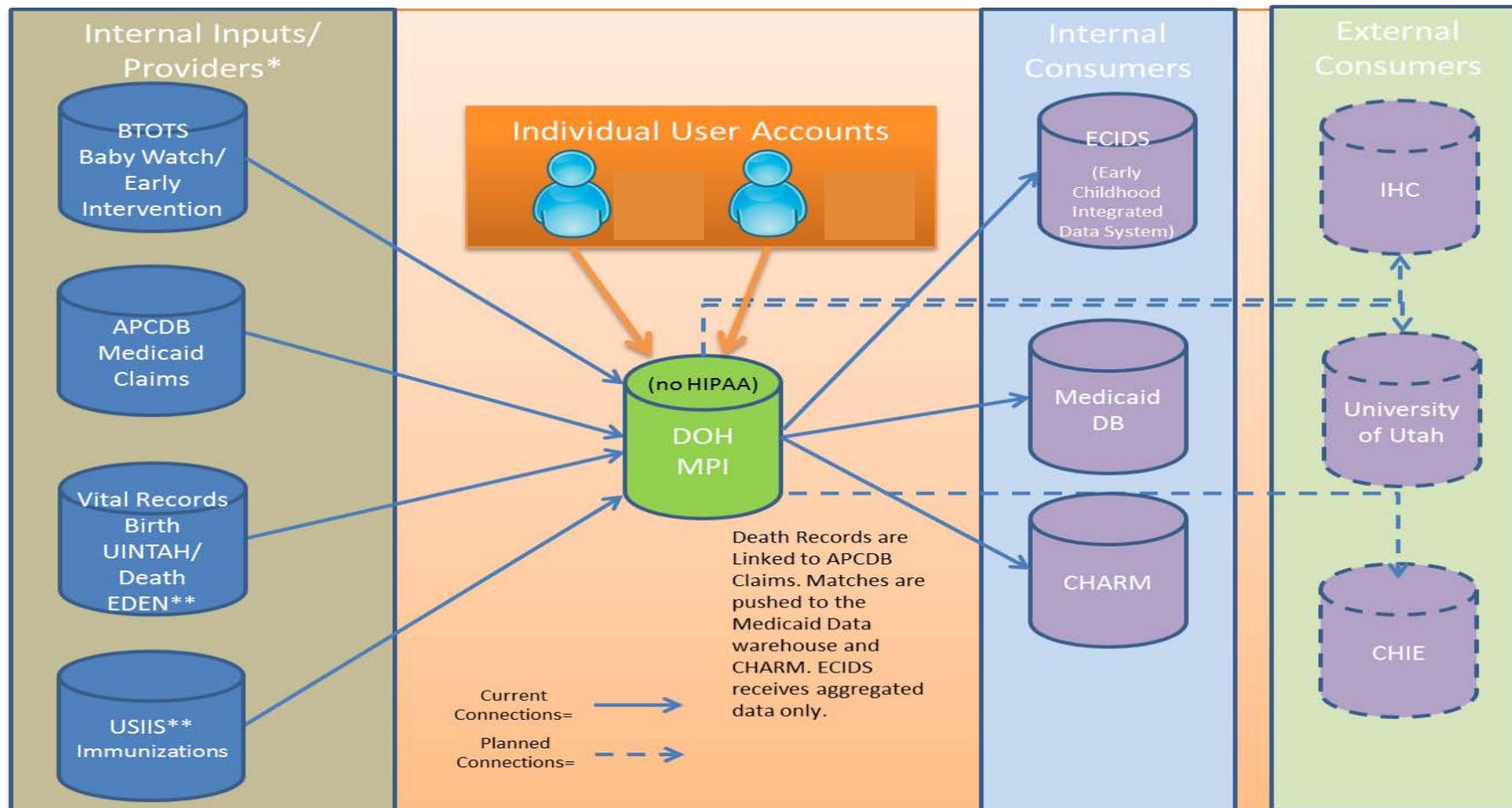
- Medicaid annual payment for access to birth and death records
- Medicaid annual payment for the State-added insurance questions in BRFSS
- Medicaid annual payment for participating in the statewide CAHPS and HEDIS data collation
- Medicaid 50/50 administrative match for operating the All Payer Claims Database
- Medicaid 50/50 match for annual membership fee for UDOH to participate in the state-designated Health Information Exchange (HIE)

Master Person Index (MPI) is in the Utah Statewide Shared Vision

Figure 1. Priority Framework of Health IT for Population Health and a Statewide Learning Health System in Utah



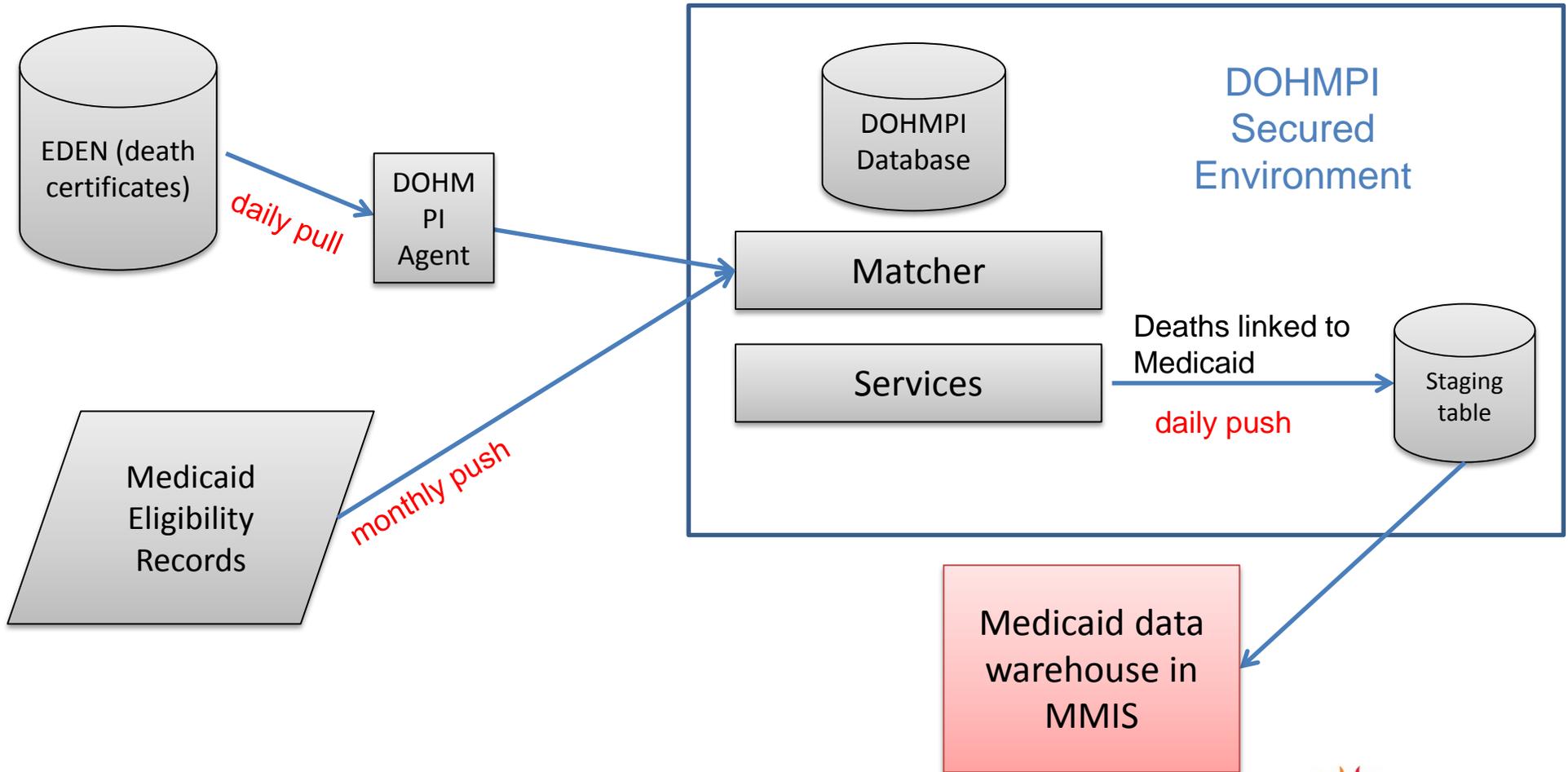
DOHMPI Internal & External Connections



* Future consumers may include Emergency Department DB, Hospital Discharge DB, Ambulatory Surgery DB, etc., housed by the Office of Healthcare Statistics.

** Database system may be a consumer as well as a data provider in the future. A separate consumer agreement would need to be completed and signed, in addition to the source provider agreement.

Use Case: Death Notification Workflow via DOHMPI



Process to Receive the 90/10 Funds

1. Public health designs the project with Medicaid program
2. Public health demonstrates the value to Medicaid leadership and get buy-in
3. Public health Identify 10% state general funds as match funds and set up a separate account for the project [DOH Financial Office involves too]
4. Medicaid Director approves the proposal internally
5. Develop the IAPD application jointly
6. Include Medicaid costs in the budget
7. Write and rewrite the IAPD with Medicaid staff
8. State Medicaid submits the “almost final” IAPD to the regional CMS staff for feedback or revision
9. Revise, resubmit, and get the final sign off by all parties

Implementation Advanced Planning Document (IAPD)

- 1.0 Introduction/Purpose
- 2.0 Needs & Objectives
- 3.0 Requirements & Alternatives Analysis
 - 3.1 Alternatives Analysis
 - 3.2 Risk Analysis
- 4.0 Cost Benefit Analysis
- 5.0 Description Of Activities
- 6.0 Personnel Resource Statement
 - 6.1 Project Management
 - 6.2 Project Administration
 - 6.3 Key Personnel And Projected Time Allocation
- 7.0 Proposed Project Schedule
- 8.0 Proposed Budget
- 9.0 Statement Of Expected Usefulness
- 10.0 Security And Interface Requirements
- 11.0 Agreements In Accordance With Federal Regulations
- 12.0 State Certification (CMS form)
- 13.0 State Certification (State statement)

Operation of a Public Health 90/10 Program

- IAPD is a contract between Medicaid and DOHMPI
- Monthly report and billing to the Medicaid contract manager
- Milestone report to the Medicaid Executive Leadership
- No-cost extension goes through the same process
- Operational match funding request may have the same process

IAPD in Progress: Develop Statewide MPI

ThSisU: The Statewide Identity Services for Utahns

- State law and administrative rule are in place
- High level design is completed by the SIM-D grant
- 10% fund may be matched by private partners
 - Had legal and financial advices on policy and procedure for private donation
 - Communicate potential risks for private donors
- Had buy-in from the executive leadership
- Is developing detailed technical requirements with all stakeholders to lay-down a foundation for writing IAPD

Challenges for ThSisU IAPD

- Governance for public ownership of a public-private jointly funded system
- How to increase federal financial contribution in a statewide IT system where only 10-15% of the population is Medicaid members
- How to develop the ThSisU infrastructure or common platform and, at the same time, build use cases or services to use ThSisU

The above questions have to be answered
in the IAPD.

Building Blocks and Use Cases for ThSisU

Identity-related Building Blocks to support appropriate data movement

Patient Identity Service

- Identity proofing
- Link digital identity to patient records
- Match digital identities across organizations

Provider Electronic Receiving Specifics

- Provider digital identity repository
- Provider identity proofing

Care Team

- Message interfaces
- Care team imputation algorithms tested
- Encounter records from member organizations

Patient Proxy Relationship Management

- Proxy relationship verification and policy

Case Information Delivery

Selected Care Coordination Use Cases

Newborn data Bundle

- Electronic birth certificate
- Screening orders, tracking results
- Pediatrician identification and follow-up

End of Life Care

- Electronic POLST
- Advance Directives
- Emergency Medical Services

Poison Control

- Case coordination with Emergency Physicians

Business case and financial benefit

Pooled-shared knowledge

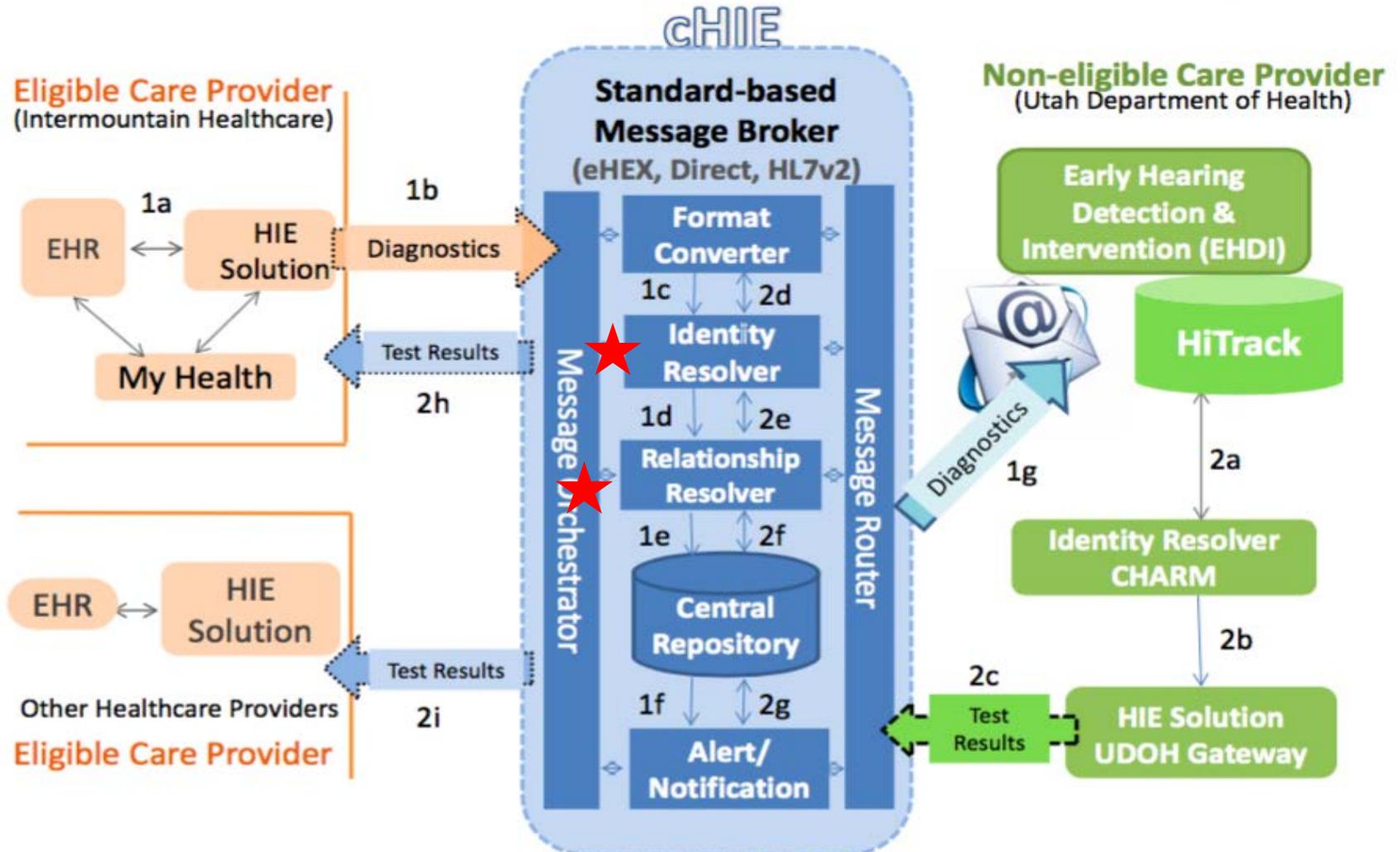
Trust framework

Risk Indemnification

ThSisU in a Standard-based Message Broker

HIE Use Case 1: EHR sends hearing diagnostics reports to public health registry

HIE Use Case 2: EHR receives hearing test results from public health registry



Future Outlook

- Planned IAPDs
 - ThSisU – Statewide MPI
 - Cancer Registry Reporting
 - Use case to exchange pediatric patient summaries among physical and behavior health providers through HIE
 - Use case to develop an electronic repository of the Physician Order of Life Sustaining Treatment (ePOLST) in HIE
 - Use case of interoperability among EHRs and the Utah Controlled Substance Database
 - Use case to exchange newborn data among public health, providers, and HIE
- If needed:
 - Electronic Case Reporting (eCR)

Advice from Medicaid

- “An important thing to include for whatever proposed or future plans would be information on how the projects will be **cost-allocated for the Medicaid share**. That's important, and so is the justification on how making those **connections in the HIE is going to help meaningful users.**”

*Amanda Hovermale,
Manager of Utah Medicaid EHR Incentive Program*



Thanks!
Question?

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The Office of the National Coordinator for
Health Information Technology 



Q&A/Discussion

 @ONC_HealthIT

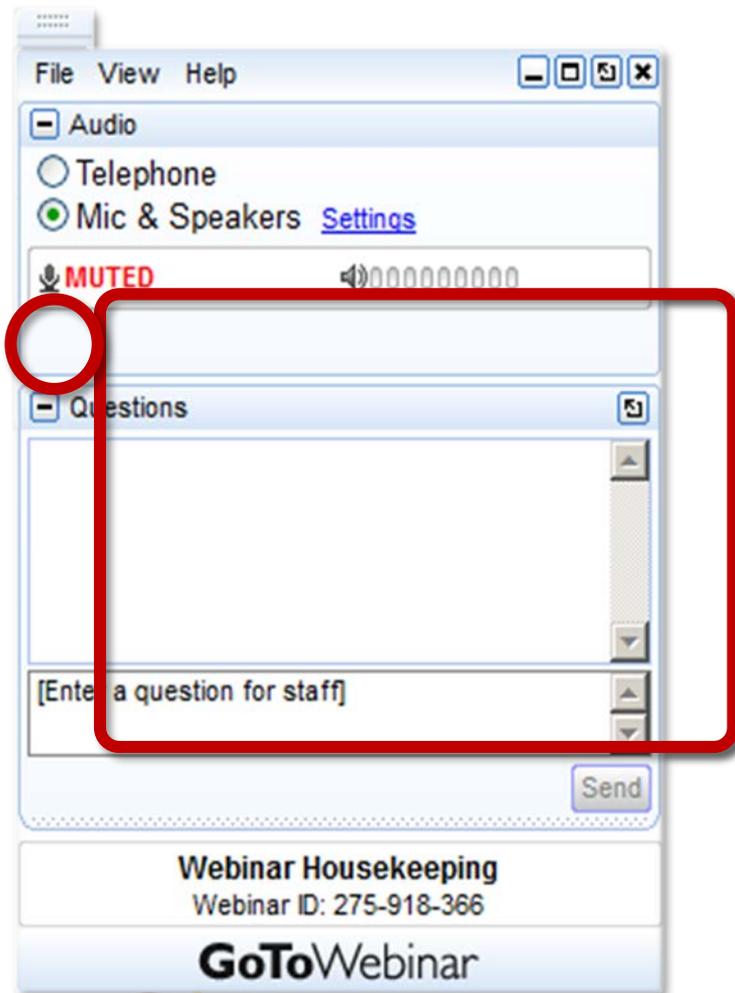
 @HHSOnc

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Next Steps/Homework

- Next Call: March 24, 2017 2-3PM EST.
- Invitations from Basecamp—Please start discussions and post resources. All slides will be posted here as well as CDC's Meaningful use website (<https://www.cdc.gov/ehrmeaningfuluse/>).
- Send topics/ideas/questions for future CoP meetings to meaningfuluse@cdc.gov or post them to Basecamp.